

PUBLIC RECORDS (APRA) REQUEST
CITY OF SOUTH BEND

Name of Requesting Party				
Address		City		State
Zip				
Telephone	Date of Request	Time of Request	Submitted <input type="checkbox"/> In person	Mail, E-mail or <input type="checkbox"/> Facsimile
Signature of Requesting Party		Name of Department Having Records (If Known)		
Records Requested. Please be specific. Use back of form if additional space is needed. <hr/> <hr/> <hr/> <hr/> <hr/>				
Check one: I request to <input type="checkbox"/> INSPECT or <input type="checkbox"/> BUY copies of the records requested.				

DEPARTMENTS MUST SUBMIT REQUESTS TO LEGAL DEPARTMENT (235-7670) ON THE DAY OF RECEIPT.

CITY OF SOUTH BEND USE ONLY

Request Received By	Department	Date and Time Received
Department Comments <hr/> <hr/> <hr/>		
ATTORNEY DECISION INFORMATION IS DISCLOSABLE _____ INFORMATION IS NOT DISCLOSABLE _____ Attorney Comments and Instructions _____ <hr/> <hr/> <hr/>		
Attorney Signature _____		Date of Decision _____
Letter Sent (Date)	Decision Sent To	Date By
Informed Requesting Party that information is _____ DISCRETIONARY DISCLOSURE _____ NON-DISCLOSABLE		
Date	Signature	<input type="checkbox"/> In person <input type="checkbox"/> By telephone